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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC 2831 Lone Oak Road ADDRESS (number and street) Check if different than previously Paducah ΚY 42003 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00351197 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Χ Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 02 0 1 2010 02 28 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Laxmaiah Manchikanti Type or Print Name of Treasurer Electronically Filed by Laxmaiah Manchikanti 03 19 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2/13

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

D D <sup>®</sup>D 0 1 02 2010 0.2 28 2010 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 374826.15 January 1 (b) Cash on Hand at 383382.75 Begining of Reporting Period ..... 18916.50 48648.85 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 402299.25 423475.00 6(a) and 6(c) for Column B) ..... 30601.97 51777.72 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 371697.28 371697.28 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 13

м м 0 2 D 2 B

2 0 1 0

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Report Covering the Period: From:

I. Receipt	s	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than (a) Individuals/Persons (			
Than Political Comm (i) Itemized (use So		16676.66	28258.32
(ii) Unitemized		200.00	920.00
(iii) TOTAL (add Lines 11(a)(i) an	d (ii)	16876.66	29178.32
(b) Political Party Comm		0.00	0.00
(c) Other Political Comm (such as PACs) (d) Total Contributions (a		0.00	0.00
11(a)(iii),(b) and (c)) Totals to Line 33, pag		16876.66	29178.32
12. Transfers From Affiliated/ Party Committees		0.00	16975.89
13. All Loans Received		0.00	0.00
<ol> <li>Loan Repayments Receiv</li> <li>Offsets To Operating Exp</li> </ol>		0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, p 16. Refunds of Contributions		0.00	0.00
to Federal candidates and Political Committees	Other	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)		2039.84	2494.64
8. Transfers from Non-Fede	ral and Levin Funds		
(a) Non-Federal Account (from Schedule H3)		0.00	0.00
(b) Levin Funds (from Sch	nedule H5)	0.00	0.00
(c) Total Transfer (add 18	(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 12, 13, 14, 15, 16, 17, and	1 1	18916.50	48648.85
0. Total Federal Receipts (subtract Line 18(c) from L	ine 19)	18916.50	48648.85

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 13

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures:  (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	601.07	1777 70
	Expenditures	601.97	1777.72
	(c) Total Operating Expenditures	601.97	1777.72
	(add 21(a)(i), (a)(ii) and (b))	001.97	1717.72
•	Committees	0.00	0.00
	Contributions to		
	Federal Candidates/Committeesand Other Political Committees	30000.00	50000.00
	Independent Expenditure	0.00	0.00
	(use Schedule E)	0.00	0.00
•	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	Loan Repayments Made	0.00	0.00
۰.	Loan Repayments Made		
, .	Loans Made	0.00	0.00
	Refunds of Contributions To:		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	That I ditical dominities		
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
).	Other Disbursements	0.00	0.00
).	Federal Election Activity (2 U.S.C 431(20))		
•	(a) Shared Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
		2.22	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
١.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	30601.97	51777.72
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	(Subtract Line 21(a)(ii) and Line 30(a)(ii)	30601.97	51777.72

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 13

	III. Net Contributions/Operating Expenditures	COLUMN A	COLUMN B
	Experiences	Total This Period	Calendar Year-to-Date
	Total Contributions (other than loans) from Line 11(d), page 3)	16876.66	29178.32
	Total Contribution Refunds (from Line 28(d))	0.00	0.00
15.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	16876.66	29178.32
86.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	601.97	1777.72
	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	601.97	1777.72

FE6AN026

## SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 13 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF INTERVEN		
Full Name (Last, First, Middle Initial) Frank Falco, MD  Mailing Address 108 Woodale Drive  City Kennett Square  FEC ID number of contributing federal political committee.  Name of Employer Mid-Atlantic Pain  Receipt For: Primary General Other (specify)	State Zip Code PA 19348  C  Occupation Physician  Aggregate Year-to-Date   5000.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Regina Falco Mailing Address 108 Woodale Dr.  City Kennett Square  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Code PA 19348  C  Occupation Attorney  Aggregate Year-to-Date   5000.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Kevin Free, MD  Mailing Address 1205 Draycott Street  City Ormond Beach  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Code FL 32174  C  Occupation Physician  Aggregate Year-to-Date ▼  365.00	Date of Receipt    M M M   D D   Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		10365.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE // 13   (check only one)		
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF INTERVE	ENTIONAL PA	IN PHYSICIAN PAC			
Full Name (Last, First, Middle Initial) Ramis Gheith, MD			Date of Receipt		
Mailing Address 207 Renaldo Drive	· · · · · · · · · · · · · · · · · · ·				
City Chesterfield	State MO	Zip Code 63017	Transaction ID: SA11AI.9259  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	03017	300.00		
Name of Employer Self	Occupation Physician		Contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00			
Full Name (Last, First, Middle Initial) Anne Glaser			Date of Receipt		
Mailing Address 134 E 4th Street	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City Hinsdale	State IL	Zip Code 60521	Transaction ID: SA11AI.9262		
FEC ID number of contributing federal political committee.	C	00321	Amount of Each Receipt this Period  1000.00		
Name of Employer PSGC	Occupation Attorney	n	Contribution		
Receipt For:  Primary General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Initial) Scott Glaser, MD			Date of Receipt		
Mailing Address 134 E 4th Street			0 2 1 1 2 0 1 0		
City Hinsdale	State IL	Zip Code 60521	Transaction ID: SA11AI.9263  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	00021	1000.00		
Name of Employer Pain Spec.of Greater Chic- ago	Occupation Physician	1	Contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00			
SUBTOTAL of Receipts This Page (optional)	<u> </u>		2300.00		

## SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 13 (check only one)  X 11a 11b 11c 12  13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse e name and address of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
AMERICAN SOCIETY OF INTERVE	NTIONAL PAIN PHYSICIAN PAC	
Full Name (Last, First, Middle Initial) Perry Haney, MD  Mailing Address P.O. Box 6680  City Denver  FEC ID number of contributing federal political committee.  Name of Employer Spine One, Inc.	State Zip Code CO 80206  C	Date of Receipt    M M M
Receipt For: Primary General Other (specify)	Physician  Aggregate Year-to-Date ▼  600.00	
Full Name (Last, First, Middle Initial)  Marion Lee, MD  Mailing Address 2233 Arabi-Warwick	Road	Date of Receipt  0 2 2 7 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.9271
Cordele  FEC ID number of contributing federal political committee.	GA 31015	Amount of Each Receipt this Period 416.66  Contribution
Name of Employer Attrinity Health Group  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  833.32	
Full Name (Last, First, Middle Initial) Dr. W. Stephen Minore, MD Mailing Address 2202 Harlem Rd.	.1	Date of Receipt
City	State Zip Code	0 2 1 1 2 0 1 0  Transaction ID: SA11AI.9264
Loves Park  FEC ID number of contributing	IL 61111	Amount of Each Receipt this Period
Rame of Employer Rockford Anest. Assoc.	Occupation Physician	Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1000.00	
SUBTOTAL of Receipts This Page (optional)		1716.66

## SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 13 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF INTERVE	d Statements may not be sold or used by any pers the name and address of any political committee to ENTIONAL PAIN PHYSICIAN PAC	
Full Name (Last, First, Middle Initial)  Michael Poss, MD  Mailing Address 1818 Amherst Stree  City  Winchester  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For:  Primary  General  Other (specify)	State Zip Code VA 22601  C  Occupation Physician  Aggregate Year-to-Date   340.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Francis Riegler, MD  Mailing Address 3827 Castlerock Rd  City Malibu  FEC ID number of contributing federal political committee.  Name of Employer Universal Pain Mgmt.  Receipt For: Primary General Other (specify)	State Zip Code CA 90265  C  Occupation Physician Aggregate Year-to-Date  250.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Dean Willis, MD Mailing Address 1620 Chandler Road SE City Huntsville FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Code AL 35801  C  Occupation Physician  Aggregate Year-to-Date  2000.00	Date of Receipt    M M M
SUBTOTAL of Receipts This Page (optional	)	2295.00
TOTAL This Period (last page this line numb	ner only)	16676.66

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 13 (check only one)  11a 11b 11c 12 13 14 15 16 X 15
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF INTERVEN	name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Bantera Bank Mailing Address 3151 Jackson Street  City Paducah  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code KY 42003  C  Occupation  Aggregate Year-to-Date ▼  527.65	Date of Receipt    M
Full Name (Last, First, Middle Initial) Bantera Bank Mailing Address 3151 Jackson Street  City Paducah  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code KY 42003  C  Occupation  Aggregate Year-to-Date ▼  789.06	Date of Receipt    M   M   D   D   2 8   2 0 1 0
Full Name (Last, First, Middle Initial) Bantera Bank Mailing Address 3151 Jackson Street  City Paducah  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code KY 42003  C Occupation  Aggregate Year-to-Date ▼	Date of Receipt    M M M
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number		2039.84

A.

В.

## SCHEDULE B (FEC Form 3X)

Senate

District:

President

FOR LINE NUMBER: PAGE 11/13 Use separate schedule(s) (check only one) **ITEMIZED DISBURSEMENTS** for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC Full Name (Last, First, Middle Initial) Transaction ID: SB21B.9283 Bantera Bank Date of Disbursement 28 0 2 2010 Mailing Address 3151 Jackson Street City State Zip Code Amount of Each Disbursement this Period Paducah KY 42003 333.25 Purpose of Disbursement Payment for credit card fees Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB21B.9284 Bantera Bank Date of Disbursement 2 8 0 2 2010 Mailing Address 3151 Jackson Street City State Zip Code Amount of Each Disbursement this Period 42003 Paducah ΚY 268.72 Purpose of Disbursement Brokerage fees Candidate Name Category/ Type Office Sought: House Disbursement For:

General

SUBTOTAL of Disbursements This Page (optional)		601.97
SOBTOTAL OF DISDUISEMENTS THIS Page (Optional)		
TOTAL This Period (last page this line number only)	•	601.97

Primary

Other (specify)

State:

RÓGERS  Purpose of Disbursement Political Contribution  Candidate Name CECILE H BLEDSOE  Office Sought:		Use sep	arate schedule(s)	_	NUMBER: PAGE 12/13
NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC  Full Name (Last, First, Middle Initial) BLEDSOE FOR CONGRESS  Mailing Address 709 SKY MOUNTAIN DR  City State Zip Code AR 72756  Purpose of Disbursement Political Contribution Candidate Name CECILE H BLEDSOE  Office Sought: X House Senate President State: KY District: 04  Full Name (Last, First, Middle Initial) BLEDSOE FOR CONGRESS  Mailing Address 3161 Dixie Highway Suite F  City State Zip Code AR 72756  Disbursement For: 2010  X Primary General Disbursement Disbursement Political Contribution Candidate Name GEOFFREY C DAVIS  Office Sought: X House Senate President State: KY District: 04  Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS  Mailing Address 3161 Dixie Highway Suite F  Cardidate Name GEOFFREY C DAVIS  Office Sought: X House Senate President State: KY District: 04  Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS  Mailing Address 3161 Dixie Highway Suite F  City State: KY District: 04  Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS  Mailing Address 3161 Dixie Highway Suite F  City State: KY District: 04  Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS  Mailing Address 3161 Dixie Highway Suite F  City State: KY 41018  Amount of Each Disbursement  Other (specify) ▼  Transaction ID: SB23.9279 Date of Disbursement  Other (specify) ▼  Transaction ID: SB23.9279 Date of Disbursement  Other (specify) ▼  Amount of Each Disbursement  Other (specify) ▼  Amount of Each Disbursement  Other (specify) ▼  Transaction ID: SB23.9279 Date of Disbursement  Other (specify) ▼  Other (specify) ▼  Transaction ID: SB23.9279 Date of Disbursement  Other (specify) ▼  Other (speci	TEMIZED DISBURSEMENTS			21b	22 X 23 24 25
NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC  Full Name (Last, First, Middle Initial) BLEDSOE FOR CONGRESS  Mailing Address 709 SKY MOUNTAIN DR  City State Zip Code AR 72756  Purpose of Disbursement Political Contribution  Candidate Name CECILE H BLEDSOE  Office Sought: X House President State XP 41018  Purpose of Disbursement Political Contribution  State: AR District: 03  Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS  Mailing Address 3161 Dixie Highway Suite F  Full Name (Last, First, Middle Initial) GEOFF FOR ONS FOR CONGRESS  Mailing Address 3161 Dixie Highway Suite F  Full Name (Last, First, Middle Initial) GEOFF POAVIS FOR CONGRESS  Mailing Address 3161 Dixie Highway Suite F  Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS  Mailing Address 3161 Dixie Highway Suite F  Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS  Mailing Address 3161 Dixie Highway Suite F  City State XIp Code KY 41018  Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS  Mailing Address 3161 Dixie Highway Suite F  City State XIp Code KY 41018  Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS  Mailing Address 3161 Dixie Highway Suite F  City State XIp Code KY 41018  Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS  Mailing Address 3161 Dixie Highway Suite F  City State XIp Code KY 41018  Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS  Mailing Address 3161 Dixie Highway Suite F  Category/ General Other (specify) ▼  Amount of Each Disbursement this Peric Category/ Type  Other (specify) ▼  Other (specify) ▼  Category/ Type  Other (specify) ▼					
BLEDSOE FOR CONGRESS  Mailing Address 709 SKY MOUNTAIN DR  City State Zip Code AR 72756  Purpose of Disbursement Political Contribution  Candidate Name Clast, First, Middle Initial)  GEOFF DAVIS FOR CONGRESS  Mailing Address 3161 Dixie Highway Suite F  City Erlanger KY 41018  Purpose of Disbursement Political Contribution  Candidate Name Clast, First, Middle Initial)  GEOFF DAVIS FOR CONGRESS  Mailing Address 3161 Dixie Highway Suite F  City State XY 41018  Purpose of Disbursement Political Contribution  Candidate Name GEOFFREY C DAVIS  Office Sought: X House President State Xip Code Erlanger X Primary General Political Contribution  Candidate Name GEOFFREY C DAVIS  Office Sought: X House President State Xip Code Erlanger X Primary General President State: KY Disbursement For: 2010 Category/ Type  Other (specify) ▼  Transaction ID: SB23.9279  Date of Disbursement this Peric State State Xip Code Erlanger Contribution  Candidate Name GEOFFREY C DAVIS  Mailing Address 3161 Dixie Highway Suite F  City State Xip Code Erlanger XY 41018  Purpose of Disbursement Political Contribution  Candidate Name GEOFFREY C DAVIS  Office Sought: X House President State Xip Code Erlanger XY 41018  Purpose of Disbursement Political Contribution  Candidate Name GEOFFREY C DAVIS  Office Sought: X House President State Xip Code Erlanger XY 41018  Purpose of Disbursement Political Contribution  Candidate Name GEOFFREY C DAVIS  Office Sought: X House President State Xip Code Erlanger XY 41018  Purpose of Disbursement Political Contribution  Candidate Name GEOFFREY C DAVIS  Office Sought: X House President Political Contribution  Candidate Name GEOFFREY C DAVIS  Office Sought: X House President Political Contribution  Candidate Name General President Politica	NAME OF COMMITTEE (In Full)				
City ROGERS AR 72756  Purpose of Disbursement Political Contribution  Candidate Name CECILE H BLEDSOE  Office Sought:	,				Date of Disbursement
RÖGERS  Purpose of Disbursement Political Contribution  Candidate Name CECILE H BLEDSOE  Office Sought:	Mailing Address 709 SKY MOUNTAIN D	DR			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} N & D \\ D & D \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & I & O \end{smallmatrix} \end{bmatrix} $
Transaction ID: SB23.9278 Date of Disbursement State: AR District: 03  Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS  Mailing Address S161 Dixie Highway Suite F  City Senate President State: KY District: 04  Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS  Mailing Address S161 Dixie Highway Suite F  City Senate President State: X House President State: KY District: 04  Full Name (Last, First, Middle Initial) GEOFF DAVIS  Office Sought: X House Senate President State: KY District: 04  Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS  Mailing Address S161 Dixie Highway Suite F  City Senate President State: X District: 04  Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS  Mailing Address S161 Dixie Highway Suite F  City State Zip Code KY 41018  Transaction ID: SB23.9279 Date of Disbursement Date of Disbursement  Other (specify) ▼  Amount of Each Disbursement this Peric  Transaction ID: SB23.9279 Date of Disbursement  Other (specify) ▼  Amount of Each Disbursement this Peric  Category/ Type  Office Sought: X House Senate Primary X General					Amount of Each Disbursement this Period
CECILE H BLEDSOE  Office Sought:	Political Contribution				5000.00
Senate President  State: AR District: 03  Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS  Mailing Address 3161 Dixie Highway Suite F  City State Zip Code Erlanger KY 41018  Purpose of Disbursement Political Contribution  Candidate Name GEOFFREY C DAVIS  Office Sought: X House President State: KY District: 04  Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS  Mailing Address 3161 Dixie Highway Suite F  Transaction ID: SB23.9278 Date of Disbursement this Peric Category/ Type  Category/ Type  Transaction ID: SB23.9279 Date of Disbursement this Peric  Transaction ID: SB23.9279 Date of Disbursement this Peric Category/ Type  Office Sought: X House Disbursement For: 2010 Candidate Name GEOFFREY C DAVIS  Office Sought: X House Disbursement For: 2010 Candidate Name GEOFFREY C DAVIS  Office Sought: X House Disbursement For: 2010 Candidate Name GEOFFREY C DAVIS  Office Sought: X House Disbursement For: 2010 Candidate Name GEOFFREY C DAVIS  Office Sought: X House Disbursement For: 2010	CECILE H BLEDSOE			0 ,	
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Suite F  City Erlanger  Purpose of Disbursement Political Contribution  Candidate Name GEOFFREY C DAVIS  Office Sought:  X House Senate President State: KY District: 04  Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS  Mailing Address  3161 Dixie Highway Suite F  City Erlanger  City Erlanger  City Erlanger  City Erlanger  City City City City City City City Cit	Full Name (Last, First, Middle Initial)				Date of Disbursement
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Senate President Other (specify) ▼  Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS  Mailing Address 3161 Dixie Highway Suite F  City State Zip Code KY 41018  Purpose of Disbursement Political Contribution  Candidate Name GEOFFREY C DAVIS  Office Sought: X House Senate Primary X General Other (specify) ▼  A Primary General Other (specify) ▼  Transaction ID: SB23.9279 Date of Disbursement  Date of Disbursement Disbursement  Date of Disbursem	GEOFFREY C DAVIS				
GEOFF DAVIS FOR CONGRESS  Mailing Address 3161 Dixie Highway Suite F  City State Zip Code Erlanger KY 41018  Purpose of Disbursement Political Contribution  Candidate Name GEOFFREY C DAVIS  Office Sought: X House Disbursement For: 2010  Senate Primary X General Other (specify)  President Disbursement For: 2010	Senate President	X Primary	General		
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۸.	Full Name (Last, First, Middle Initial) GUTHRIE FOR CONGRESS				action ID: SB23.9280 of Disbursement
	Mailing Address PO BOX 9639			0 <sup>M</sup> 2	M / 25 / Y 2010 Y
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	Mailing Address PO BOX 9639			0 <sup>M</sup> 2	M / D 2 5 / Y 2 0 1 0 Y
	City BOWLING GREEN	State Zip Code KY 42102		Amou	nt of Each Disbursement this Period
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	Office Sought:  X House Senate President State: KY District: 02	ement For: 2010 Primary X General Other (specify)			
). -	Full Name (Last, First, Middle Initial) JANE NORTON FOR COLORADO INC				action ID: SB23.9282 of Disbursement
	Mailing Address 8006 EAST ARAPAHOE ROOM 925	ROAD SUITE 150		0 <sup>M</sup> 2	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
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